



## Complete Summary

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### TITLE

Gastroscopy: percentage of patients undergoing gastroscopies (without dilations or polypectomies) who were treated for possible perforation secondary to instrument related causes, during the 6 month time period.

### SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients undergoing gastroscopies (without dilations or polypectomies) who were treated for possible perforation secondary to instrument related causes, during the 6 month time period.

### RATIONALE

A low complication rate is desirable.

### PRIMARY CLINICAL COMPONENT

Gastroscopy; instrument related perforation

## **DENOMINATOR DESCRIPTION**

Total number of gastroscopies (less dilations and polypectomies), during the 6 month time period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Total number of patients treated for possible perforation secondary to instrument related causes, during the 6 month time period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Use of this measure to improve performance

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Ambulatory Care  
Hospitals

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

**TARGET POPULATION AGE**

Unspecified

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component****INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories****IOM CARE NEED**

Staying Healthy

## **IOM DOMAIN**

Effectiveness  
Safety

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Gastrosopies (less dilations and polypectomies), during the 6 month time period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of gastrosopies\* (less dilations\*\* and polypectomies\*\*\*), during the 6 month time period

*\*Gastroscopy:* Examination of upper gastrointestinal tract (with or without biopsy) with a flexible endoscope includes panendoscopy, oesophagoscopy and duodenoscopy (also through artificial stoma). Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

*\*\*Dilatation:* Endoscopically assisted dilatation of a stricture or narrowing of the oesophagus with a bougie or balloon.

*\*\*\*Polypectomy* (including mucosectomy): Removal of polyp or abnormal tissue involving use of snare, hot forceps or the use of other techniques involved in mucosectomy.

### **Exclusions**

Gastrosopies with dilations or polypectomies are excluded (as noted above).

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Diagnostic Evaluation  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Total number of patients treated for possible perforation\* secondary to instrument related causes, during the 6 month time period

*\*Perforation:* Signs and symptoms suggestive of a perforation of the oesophagus or upper gastrointestinal tract include chest pain, suspected peritonitis, free intra-abdominal or mediastinal air on radiological imaging. Perforation may be secondary to polypectomy, mucosectomy, dilatation or related to instrument passage. Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) code.

### Exclusions

Unspecified

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Encounter or point in time

## DATA SOURCE

Administrative data  
Medical record

## LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

## OUTCOME TYPE

Adverse Outcome

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a lower score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

### **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

### **Identifying Information**

#### **ORIGINAL TITLE**

Indicator area 2: gastroscopy CI 2.2.

#### **MEASURE COLLECTION**

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

#### **MEASURE SET NAME**

[Gastrointestinal Endoscopy Indicators](#)

#### **DEVELOPER**

Australian Council on Healthcare Standards

#### **FUNDING SOURCE(S)**

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

#### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2006 Jan

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

## **SOURCE(S)**

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 2: Gastroscopy CI 2.2," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: [pos@achs.org.au](mailto:pos@achs.org.au); Web site: [www.achs.org.au](http://www.achs.org.au).

## **COMPANION DOCUMENTS**

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 16, 2007. This NQMC summary was updated by ECRI Institute on May 1, 2009.

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Date Modified: 7/27/2009

